

No 88

An

Inaugural Dissertation

on

Hydrothorax

by

John Washington Cropper
of Virginia

Read March 22^d 1823

March 3^d 1823.

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Dropsy is defined to be a supernatural collection of serum or watery fluid in the cellular substance or different cavities of the body. It receives different appellations according to the particular situation in which it is lodged, when located in the cavity of the chest it is called Hydrothorax or Hydropleuritis, it is of this form that I propose to treat

This is a disease of ancient date, and has been found among the *opprobria Medicorum* of the Healing-art, among many others we have the high authority of Galen who says it is incurable, altho' not prepared to go so far, I can readily believe that it is one of those diseases, in which we will often find our remedies unavailing, and in some cases not even palliation, yet in some instances we have checked its progress and in a few cases effected an entire cure

Dropsies are among those diseases, which are extremely difficult to manage, and Hydrothorax

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has generally been considered one of its most in-
tractable forms, whether it is the most unman-
ageable of the dropsies or not, there exists the con-
stant testimony of Deracitism. That it was so
was almost universally admitted by the Ancients,
and even to a late period, but since then has been
a revolution in its treatment, it is considered as
that form in which we shall be less baffled in
our attempts to cure. The discrepancy of sentiment
can only be reconciled by supposing the present
plan of treatment is more successful than that
formerly adopted.

The Symptoms characteristic of Hydrop-
thorax are difficulty of Breathing with
oppression of the Breast, particularly on motion,
or whilst in a horizontal posture, sudden start-
lings from sleep with ~~palpitation~~ palpitation, Anxiety, irregular
pulse, pale countenance, Oedema of lower extremities
cough, sometimes Spasmodic, and a diminution of
the quantity of Urine, which if allowed to stand

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deposits a pink coloured sediment, besides these symptoms the patient when performing certain motion is sensible of evident fluctuation in the cavity of the thorax

Corvisart, considered fluctuation (which may be perceived by striking the Sternum whilst in an erect position) as the most certain and distinguishing symptom

The late ingenious Bichat mentions that all the symptoms are aggravated by pressure on the abdomen and this he considers as the best diagnostic

by attending to the Symptoms before enumerated conjoined with these last, Hydropneum may be distinguished

The Diseases with which it is most liable to be confounded, are, Asthma, Emphyema, Suppurative and organic affections of the Heart &c. &c. It causes an indulgence in spirituous liquors, excessive and long continued evacuations, Schismicity of the Liver, Splenitis, Pancreas, and other viscera

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of the abdomen, also promoting diseases, as Intermittents, Asthma, Pulmonary Consumption, Dysentery, Diarrhoea, Gout, some of the Exanthemata especially Scarlatina, suppression of accustomed evacuation or repulsion of some eruption, and numerous other causes, among the most frequent causes (tho' not generally mentioned by writers) are pleurisy and protracted catarrh.

The manner in which Pleurothorax is produced by these affections is very obvious. The lungs in both being in a state of inflammation and consequently engorged, the circulation endeavouring to relieve itself from this state of oppression throws out effusions, which the absorbents not taking up collects constituting the disease in question.

In every cavity of the body a fluid is continually thrown out by the exhalents, which, taken up by the absorbents Dropsy may therefore be produced in two ways: first by exhalents throwing out of more than a usual quantity, while the absorbents are

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not allowed, or by the vessels not taking up
their accustomed quantity, whilst the vessels
are in a healthy state.

It may also prevail in two opposite states of the
system. In the one the vessels excited to action
themselves throw off a preternatural quantity, and
in the other being debilitated, and relaxed, they can-
not withdraw their contents from effusion, the fluid
may be effused in one or both cavities of the Pleura
or Pericardium and it may though seldom exists
in Pyothorax, it is most frequently found in both
sides of the Pleura.

It is not uncommon to find that Hydrothorax has ex-
isted sometime before the Patient is aware of it, being
only troubled with slight oppression of the chest
at night, and being easily fatigued or restless.

Hydrothorax commences with an anisopne^a,
oppression at the Sternum and Cordis, Dyspnoea
which is aggravated on ascending a hill, or on
going up a flight of stairs, the respiration is

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also men difficult at night whilst in a hori-
zontal position with Palpitation, a hard dry cough
which, after sometimes is attended with mucous
expectoration, Thirst, which sometimes is excessive
and at times insupportable, frequently oedema
of the lower extremities generally pale though
sometimes yellow complexion, face is swelled par-
ticularly in the morning and pits upon pressure
with the finger which remain after their removal.
The urine is diminished in quantity (and this
is generally one of the first symptoms) depositing
commonly a pink coloured sediment. These symptoms
are followed by a wasting away of the flesh, and
general debility, when we have all these symptoms
there can be little doubt of the existence of water
in the thorax which may be confirmed by the
diagnostic symptoms of hydrothorax and which has
before enumerated.

At length the symptoms grow worse but insig-
nificant slowly. The ~~Respiration~~ Respiration becomes

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respiratory. Sleep is interrupted by frightful dreams
and the patient wakes with a sense of suffocation
and is obliged to place himself in an erect position,
— violent palpitations — convulsions of the respiratory
muscles, together with those of the upper Extremities
the mouth is thrown open, as he appears to suffer much
from want of fresh air — The pulse is weak and in-
—ferior to an extent scarcely to be met with in any
other disease — the countenance is anxious and
ghastly — The cheeks and lips are livid — cold-
—ness of the Extremities — pain from the breast
towards the insertion of the deltoid muscles,
or in the side, the body is covered with a cold
clammy sweat — insensibility — delirium or
coma — Sometimes the patient has a sensa-
—tion of water moving in the chest, when he
suddenly changes his position — there is great
want of sleep and sometimes bloody expec-
—toration, when diarrhoea is very apt to ensue.
Prognosis. This is generally unfavourable.

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It was the opinion of Cullen, and the writers before
him that Hydrops thoracis was utterly incurable.
Death takes place from the large quantity
of water, producing suffocation, and may occur
suddenly, but spitting of blood commonly precedes
death a few days, sometimes the disease ends in
general dropsy, which not unfrequently accom-
panies it from the commencement.

Dissections show water in one or both ~~thorax~~
but commonly in both, and sometimes, also in the brain
abdominal cellular texture and principal cavities of
the body. The fluid effused resembles the serum of
the blood and varies very much in quantity, being
from a few ounces to several pounds. From the
pressure made by it on the lungs, they are found very
much reduced in size. When connected with general
dropsy, it is not uncommon to find some of the abdominal
viscera in a scirrhus state.

Treatment. This depends on the state of the system.
Remedies which would prove beneficial in the latter.

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would produce opposite effects on the above state of the system, Dropsy formerly was supposed to consist chiefly if not always in the latter state, but subsequent experience has proved it to exist equally or even more frequently, when there is a considerable degree of arterial action. In the early stages at least it is generally considered to be inflammatory, which is evidently shown by the symptoms, viz. pain in the side, an action but inflated pulse, and if blood be taken it puts on the buffy coat, but what is still more conclusive, the relief produced by the antiphlogistic plan of treatment. This being the case, Venesection is obviously indicated, and should be carried to a greater or less degree according to the nature of the symptoms, bleeding is a remedy of the first importance, and on which we should place our greatest dependence. After ~~the~~ ^{the} ~~operation~~ is carried as far as it can with propriety we may make use of topical blood letting and in some cases with striking advantage, and very much to the relief of the suffering patient.

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It is sometimes used to the exclusion of general blood-
letting by Practitioners, but this practice I conceive places
too much confidence in it, and by its adoption we should
neglect not only the life of our patients, but our own reputations
as well as the happiness of his friends. The manner in which
blood-letting operates is by relieving the bloodvessels from
their engorged condition, and which if not relieved in this
way, will relieve themselves by throwing off the ~~superfluous~~ ^{excess} of
the various portions of the blood.

Emetics, which at one time were considered of so much
importance in the treatment of dropsies are now but
seldom prescribed, yet I think they would in some cases
be of utility, we know sometimes there is considerable
gastric disorder, hot dry skin, furred tongue, &c. and
as we cannot purge with freedom, it is probable that eme-
tics would not be without benefit for besides relieving
these symptoms, they powerfully promote absorption
and dissipates congestion.

It is a fact, I believe, universally admitted, that we
cannot purge with that freedom in Plethoric affections

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that we do in disease affecting locally any other part of the
of the body. Even in Plurisy we cannot purge to that extent that
we do in other cases of acute inflammation.

The next remedy that presents itself as Discharges, they pos-
sibly act on the principle of counter irritation, and by the
discharge they excite directing the flow of serum to another
part. To avoid ourselves of their full effects in this way
they should be repeatedly applied, or their action kept up by
Iodo-Crate or some other application of the same nature.

With the same views Salts and Spices, have been used
and probably not without utility, yet I suppose they are
inferior to blisters, from their discharge not being analo-
gous to the effusion in the chest, whilst that from blisters is.

Diuretics in Hydrothorax as well as the other
forms of Dropsy, hold a very important station in the
inflammatory stage. Nitro is the best. It should be given in large
quantities largely diluted, an ounce to a quart of water
may be taken during the day.

After inflammatory action is subdued and before X
debility has taken place, is the time, at which we sometimes

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would have most effect on the disease; and here a combination of Calomel and Squill is an invaluable remedy, as well as in a more debilitated state; It acts not only as a diuretic but also as a sialogogue, when the mouth becomes affected so as to afford that the system is open to impressions and may produce a favourable issue. When the system is completely under the mercurial impression, we may leave off the calomel, but continue the squill. It is recommended by that able practical courtier, Dr. Sydenham, and Galien also to give the squill in large dose, so as to keep up a constant nausea, but this to the patient is extremely unpleasant, and the danger of vomiting is incurred, which in future greatly tends to prevent its use as a diuretic. Perhaps it would better to give it as largely as possible not to induce nausea.

Garlic is also a valuable remedy in the management of this disease. The medicine is a stimulating stimulant and is especially salutary, when there is a continued spasm of the respiratory apparatus.

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The Colchicum autumnale, was at one time considered of great importance in the treatment of Hydrothorax. Linnaeus, Boerhaave and Boerhaave, have recommended it very highly in Hydrothorax, as well as other effusions but it has gone into disuse, yet there are some Physicians who, upon considerable consideration in its power though it is very seldom prescribed, it is not unlikely the colchicum would do good, in many cases, it being actively ~~diuretic~~ as well as expectorant.

Digitalis has by some been highly extolled in Hydrothorax. Among its greatest advocates is Hamilton who has heaped upon it the most lavished praises. On the other hand, there are Docters of equal authority, who have been so uniformly disappointed with it, that they now rarely prescribe it. The Physicians of the City (Philadelphia) particularly have almost entirely abandoned its employment. It appears to be best adapted to those cases of weak action when there is irritability of the system. Withering whose experience with it was very extensive considered it mean.

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Diaphoretics have been recommended in Dropsy, they act beneficially by relaxing the skin when it is hot and dry, and sometimes they change their usual mode of action, to that of Emetics, but their action is generally so false in this way when they take a determination to the kidneys, that they are scarcely worth noticing.

The next comes to the consideration of Diet. The most common (true) form of Hydrothorax, should be low, the stomach should at no time be loaded, as at any time, but more especially at night it aggravates the dyspnoea and opprobrium. The Patient should not therefore eat for some time before going to bed, by thus living abstemiously we promote absorption by laxing action, and not infrequently we diminish the effusion, or suspend its progress which might otherwise be rapid, but this mode of living could not answer in atonic dropsy, in this case we should support the system by a generous diet but

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Concerning Drinks there was at one time great diversity of sentiment. One set of Doct^{rs} & others forbid the use of fluids altogether, whilst another set allowed them to be drunk very profusely, and even enjoined a considerable quantity to be taken. It was stated by the former, that absolute cure had been effected by abstinence from drinks. It is I believe now fully ascertained, that it may be resorted to in, moderately, not only with impunity, but with decided utility. It was formerly supposed that drinks were injurious by increasing the watery parts of the blood and thereby encouraging effluvia, but the opinion is now prevalent, and which seems to be founded on actual observation and experience is that by not allowing fluids, the ~~System~~ ^{System} became so swartion as to perform their office very improperly, and by permitting drinks the viscous and stimulation to secrete more copiously and thereby promote absorption and to further the effluvia.

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besides that it affords relief by gaining the almost insupportable thrust which attends, but too much however should not be taken at once, for the reasons hereafter mentioned.

The Drinks should consist of water impregnated with tartaric, ~~or~~ citric acid, or any of the vegetable acids. In the acute form of Hydrothorax the patient may be allowed Whisky and tartar or gin & water, Sir George Baker, Sir Francis Milman and Cullen have all witnessed their beneficial effects.

I have now finished the history of the symptoms and treatment of Hydrothorax, which I conceive will apply to the generality of cases as they are usually met with. Like other diseases Hydrothorax is so much modified by various causes that it would be impossible for me at this time to treat of it more fully. I forbear to say more, in the expectation that this imperfect essay written solely in conformity to the regulations of the School may be found to answer the purpose for which it is intended.

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